THE EDUCATION OF CHILDREN IN HOSPITALS AND CONVALESCENT HOMES

New York (City) Board of education:

THE COMMITTEE FOR THE STUDY OF THE CARE AND EDUCATION OF PHYSICALLY HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS OF THE CITY OF NEW YORK

Report of the Sub-Committee on

THE EDUCATION OF CHILDREN IN HOSPITALS AND CONVALESCENT HOMES

THE BOARD OF EDUCATION OF
THE CITY OF NEW YORK
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of the

CITY OF NEW YORK

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REPORTS

of

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CONTENTS

Preface

This statement of findings and conclusions of the committee studying the problems of educating children who are confined in hospitals and convalescent homes is one section of the report of the Committee for the Study of the Care and Education of Physically Handicapped Children in the Public Schools of the City of New York. This Committee was appointed by the Board of Education in 1936. All of its inquiries, which extended over a period of more than three years, have been made by sub-committees. No appropriation was given the Committee for the employment of technical and clerical personnel. The studies were possible only because of the voluntary assistance of physicians, educators and other specialists who have given much time and consideration to the problems presented by handicapped children, the provisions now made for them and the ways in which the existing program can be improved. Clerical and statistical help was provided by the Work Projects Administration and numerous philanthropic organizations.

In addition to the persons listed in this report the Committee is indebted to the Superintendent of Schools, Dr. Harold G. Campbell, to the teachers and school officials and others who have helped in the survey. The Director acknowledges his personal indebtedness to Dr. Lyman C. Duryea and to Dr. Robert T. Rock, Jr. Finally he is indebted to the Public Health Relations Committee of the New York Academy of Medicine which has critically reviewed this and the other reports of the Committee.

Harold W. McCormick
Director

Introduction

The study conducted by this Sub-committee of the Committee for the Study of the Care and Education of Physically Handicapped Children is concerned with classes for physically handicapped children of the City of New York who are receiving instruction provided by the Board of Education in hospitals and convalescent homes located in and near New York City. It does not include a study of classes in institutions for the blind, the deaf and the mentally defective. It does, however, include classes for children with cardiac pathology, classes for children in hospitals because of tuberculosis, classes for crippled children and classes for children with miscellaneous sub-acute and chronic illnesses who are in general hospitals and convalescent homes for varying lengths of time. A consideration of occupational therapy is not included in this study except in so far as it forms a part of the educational program of the teacher appointed to the hospitals by the Department of Education. The special classes for handicapped children within the regular public school system are the subjects of other reports.

The purpose of this study was to appraise hospital classes as to their educational value and to determine in what types of institutions they are most apt to be of value. Suggestions for changes in organization to make them more effective have been made. Whether the convalescent child, who at most will remain in a hospital from a few days to a few weeks, can profit by hospital instruction is questioned. An opinion in the matter of the educational philosophy which does or should govern the hospital class is presented and consideration has been given to whether the principal aim of a hospital class should be to keep a child up to grade, or whether it should function as a supplementary therapeutic measure. In the literature there is little about hospital classes and little evidence of studies of them in spite of the fact that the need for this type of class and its potential value have been long recognized. Most children who are confined to a hospital for a few or many weeks during a period of convalescence or treatment may profitably engage in some type of school activity, but standards which govern such practice or the extent of such work are lacking. Hospital classes, for the most part, are content with providing the regular academic training without thought being given as to whether it fulfills the psychological or the prospective educational needs of the child. The extension of these classes is undirected and little consideration has been given not only to the matter of subjects which should be taught but also to the criteria for the selection of children who should be taught and to the matter of how many and what types of children could profit by hospital school instruction.

Marshall Pease
Chairman

I
HISTORICAL SUMMARY

Historical Summary

The first hospital school of which there is a record was established in 1861 by Dr. James Knight and his daughter Cornelia, at Dr. Knight's home in New York City which served as a school, hospital and home for crippled children. In 1863 as a result of the combined efforts of Dr. Knight, his daughter and the New York Society for Ruptured and Crippled Children, the Hospital of the Society for Ruptured and Crippled was established. Theirs was the first hospital known to employ a teacher for its patients. The educational program was extended as the institution grew and as more adequate quarters were provided for it. So far as is known, it is today the oldest hospital school in the United States.

Dr. Lucien Willard Baker in 1882 established at Baldwinsville, Mass., an institution which is now known as "The Hospital Cottages for Children."* Dr. Baldwin's conception of the treatment of children with deformities and nervous conditions was an institution that would provide hospital treatment, education and a temporary home. The history of the hospital school movement after the establishment of these two schools is obscure. A hospital school at the home of The Merciful Savior for crippled children in Philadelphia seems to have been established in 1884.*

States began to appropriate money for this purpose, Massachusetts apparently being the first in 1904, followed by Minnesota in 1907. There is evidence that Minnesota had included an appropriation for the Gillette State Hospital for Crippled Children in 1897 and that New York State had included a hospital school in the organization of the New York State Reconstruction Home in 1900. This hospital was operated under three main divisions, a hospital proper, a treatment center and a school, separate and distinct as to function with a centralized authority over all activities.

Along with acceptance of state responsibility for the handicapped child there has been an increase in local responsibility. In some

* Hospital Schools in the United States—United States Department of the Interior—Office of Education Bulletin 1938, No. 17, P. 8.

states the state legislature authorized or required the local boards of education to establish and maintain hospital schools wherever there was a sufficiently large group to form a class. Accordingly, it is now the policy in certain cities, as for example New York City, to assign teachers to all hospitals in which there are enough children to make this advisable. The total number of hospital schools in the United States at present is conservatively estimated at from 300 to 400.*

The first teacher authorized by the Board of Education in New York City to teach in a hospital was assigned in November, 1904 to the Seaside Hospital in Coney Island, Brooklyn, to teach children with tuberculosis infection. Although the children were taught on the hospital premises and not in a public school, when the Board of Education undertook the responsibility of educating them, it designated the hospital school as an annex of P. S. 80, Brooklyn.

Scope of the Study:

There were at the time of this Study in the City of New York 87½ hospital classes, of which 13 were outside of the city limits. The average hospital class contained 19 pupils whose age range was from six to seventeen years. The largest age group was between the ages of six and thirteen years. Data was not available to make it possible in this Study to determine the average length of stay of pupils in hospital classes.

The term hospital classes as employed by the Board of Education includes classes in homes, farms, camps, institutions, and shelters, some of which are outside of the city limits.

The administration of hospital classes differs from that of the other types of classes for handicapped children in that administrative authority over the pupils rests with the institution in which they are confined.

Classes for physically handicapped children in hospitals and institutions are reported under various classifications in the official reports of the Department of Education depending upon the

* Hospital Schools in the United States—United States Department of the Interior—Office 9 Education Bulletin 1938, No. 17, P. 17.

type of institution in which they are located and the diagnostic classifications. With few exceptions however they fall under the so-called "400" school organizations. These schools are under the direction of the Associate Superintendent in charge of the education of the handicapped. The educational supervision of classes in properties other than those of the Board of Education is assigned to special supervisory officials.

At the time the Study was undertaken the Acting Director in charge of the Division of Physically Handicapped Children furnished the Committee with a list of the classes which were in operation. There were approximately 1,460 children enrolled. Of the institutions having hospital classes 23 receive miscellaneous cases and may be regarded as having mainly acute services and 25 institutions are chiefly devoted to the cardiac, crippled, convalescent and tuberculosis patients. Some of the institutions are supplementary services established in the country for the use of the hospitals in the city.

Following is the number of institutions and classes visited:

TABLE I

Number of Institutions and Classes Visited

Type of Hospital	No. of Hospitals	No. of Classes
Providing Miscellaneous Care	23	28½ *
Providing Chronic Care	10	19
Providing Convalescent Care	15	35
Not Reported		5
	48	87½

* When 2 classes, usually in different institutions, are taught by the same teacher each such class is designated as ½ a class.

TABLE II

Institutions and Classes Which Were Studied

Hospitals Providing Miscellaneous Care.

Name	No. of Classes	Type of Class
Bellevue Hospital	4	Cardiac and Cripples
Bronx Hospital	1	Physically Handicapped
City Hospital	1	Cripples
Cumberland Hospital	1	Cripples
Flower Fifth Ave. Hospital	½	Cripples
Fordham Hospital	1	Cripples
Gouverneur Hospital	½	Cripples
Hospital of Rockefeller Institute for Research	1	Selected Types of Cases
Kings County Hospital	4	Cripple and Cardiac
Lincoln Hospital	1	Cripples
Long Island College Hospital	1	Cripples
Medical Center	1½	Cripple & Phy. Handicapped
Morrisania Hospital	1	Cripples
New York Hospital	1	Physically Handicapped
N. Y. Post-Grad. Hospital	1	Cripples
Roosevelt Hospital	½	Physically Handicapped
St. Charles Hospital	2	Cripples
St. John's Hospital, Bklyn.	½	Physically Handicapped
St. John's Hospital, L.I.C.	1	Physically Handicapped
St. Lukes Hospital	1	Cripples
St. Mary's Hospital, Bklyn.	1	Physically Handicapped
St. Mary's Hospital	1	Physically Handicapped
St. Vincent's Hospital	1	Cripples
Total Institutions: 23		
Total Classes:	28½	

TABLE III

Hospitals Providing Chronic Care

Name	No. of Classes	Type of Class
Hospital for Joint Diseasees	2	Cripples
Hospital for Ruptured & Crippled	2	Cripples
House of St. Giles, The Cripple	1	Cripples
Institute for Crippled and Disabled	2	Cripples
Jewish Sanitorium and Hospital for Chronic Diseases	1	Cripples
Montefiore Hospital	1	Cripples
Neponsit Beach Hospital	4	Cripples
New York Orthopedic Hospital	2	Cripples
Rockaway Park	2	Cripples
Seton Hospital	2	Tuberculosis
Total Institutions: 10		
Total Classes:	19	

TABLE IV

Convalescent Homes

Name	No. of Classes	Type of Class
Blythedale Home, Valhalla, N. Y.	3	Cripples
Cheerio Home for Hebrew Children, Rockaway, N. Y.	4	Cripples
House of Rest, Sprain Ridge, Inwood, N. Y.	1	Tuberculosis
House of St. Giles, The Cripple, Convalescent Home, Garden City, N. Y.	2	Cripples
Irvington House, Irvington, N. Y.	4	Cardiacs
Josephine Home, Mokegan, N. Y.	2	Open air
Loeb Memorial Home, East View, N. Y. ..	2	Cardiacs
Marline Farm, White Plains, N. Y.	1	Cardiacs
N. Y. Orthopaedic Hospital, White Plains, N. Y.	3½	Cripples
Pelham House, Pelham, N. Y.	1	Cardiacs
St. Agnes Hospital, White Plains, N. Y..	3½	Cripples
St. Francis Home, Roslyn, N. Y.	2	Cardiacs
Surprise Lake Camp, Cold Spring, N. Y. ..	3	Tuberculosis
Surprise Lake Camp, Cold Spring, N. Y. ..	1	Open air
Wavecrest Convalescent Home, Rockaway, N. Y.	2	Cripples
Total Institutions: 15		
Total Classes:	35	

TABLE V

Number of Institutions and Types of Classes Visited

No. of Institutions	Types of Classes	No. of Classes
4	Cardiac	8
2	Cardiac and Crippled	8
27	Crippled	48½
3	Open air	5
8	Physically Handicapped	6
1	Selective miscellaneous	1
3	Tubercular	6
Totals 48	7	82½

It might be added that a few of the larger hospitals receiving miscellaneous cases, such as Bellevue, have a sufficient number of chronic cases to form one or more successful hospital classes. The total number of children, 1,460, reported in attendance in these classes undoubtedly is subject to severe fluctuation but represents a rather close approximate to the average daily attendance. A class is represented by a teacher and in one or two instances where the teacher goes to two different hospitals, she may be assigned to two classes.

It will be noticed that classes in New York City are located in a variety of institutions both as to the type of patients which are received and as regards their geographical location. While no hard and fast rule can be laid down as to which hospital or home should be granted a hospital class it may be pointed out that the urban hospital receiving mainly acute cases of all kinds is not, generally speaking, an ideal place for educational efforts and that the burden of proof is always on them to show the need of such an addition to their services.

II
THE MEDICAL STUDY

The Medical Study

The members of the Medical Committee and those assisting them reported on standard forms the results of interviews with seventy-seven persons other than the teachers, as follows:

13 were hospital superintendents or directors

13 were head nurses or assistants

21 hospital officials other than superintendent. They include such designations as *nurse in charge of ward, chief nurse of pediatric service, head of children's department,* etc.

22 members of the medical staff include

Pediatricians
Attending Pediatricians
Orthopedic Surgeons
Visiting Physicians, etc.

3 social service workers

1 teacher of recreation and handicraft

4 assistant principals

Ages of Children in Hospital Classes

The Hospital classes are not prepared to undertake kindergarten or high school instruction. They are supposed to cover the grade school and the teacher has to be prepared to teach multiple grade classes. It is fair to say, however, that a few teachers have gone to much trouble and pains to arrange and care for pupils in the high school range and it might be added that they have often been helped when they sought aid from the educational authorities. The age distribution of 672 children in hospital classes is as follows:

TABLE VI

Age Distribution of Children in Hospital Classes

Ages of Children	6	7	8	9	10	11	12	13	14	15	16	17
Number of Children	55	59	59	96	109	93	81	51	37	18	11	3

In other hospital classes the age range was stated as being

Between	12	years	and	18	years	in 1 class
"	11	"	"	14	"	in 1 class
"	9	"	"	14	"	in 2 classes
"	8	"	"	14	"	in 3 classes
"	5	"	"	8	"	in 1 class

Physical Examinations

As nearly all the hospitals visited were first-class hospitals or branches of first-class hospitals, the initial physical examination was generally satisfactory. Obviously, in a few places, more particularly the institution with long-time attendance, the medical examination had seemingly become routine and its value was really doubtful in 8 classes.

Medical Supervision

Medical supervision was reported to be as follows:

Daily	in 20	classes
Frequently	in 20	"
Weekly	in 9	"
Monthly	in 9	"
As Needed	in 6	"
Rarely	in 3	"
Not reported	in 20½	"

No daily complete physical examination of all children was found to be ordinarily required. The visiting physicians spend some time daily on the wards and probably check each individual daily as a routine. Institutions that receive children for prolonged periods are generally content with a careful check-up on entry and a complete re-examination once a month or as circumstances demand.

The provision of educational, recreational, and leisure time recommendations to the teacher by examining physicians was reported as follows:

Routine recommendations	in 8	classes
Detailed recommendations	in 33	"
Referred with no recommendations	in 18	"
Not reported	in 28½	"
Total:	87½	"

These recommendations may be broken down further to show chiefly:

1. When to start classwork	17	classes
2. Amount of work allowed	26	classes
3. Leisure and recreational suggestions	23	classes
4. Not mentioned in the reports	21½	classes

The physicians seem to know little about the hospital classes, and their potentialities are little utilized by them. The chief interest of the medical staff has been to keep the children pleasantly occupied as a therapeutic measure. The relation between the physician and the teacher is too often perfunctory and routine. It seems to be the exception to find the doctor taking an active interest in the educational program being carried on for the benefit of his patient. Obviously here and there the teacher has been sought out by the medical staff with the result that the educational program becomes beneficial not only to the child but to the hospital. It is evident that the assistance received by the teacher from the medical staff is often so meager as not to be worth mentioning. When there is any degree of real interest and cooperation on the part of the physicians, the teachers show great enthusiasm in cooperating. The consensus of opinion of the members of this committee is best summed up by quoting one of the investigating physicians who wrote of a certain institution as follows: "The educational program gives pleasant occupation to the child, relieves worry about school absences and keeps the wards much quieter." The real emphasis seemed, however, to be upon keeping the wards quieter.

There can be no doubt that the teacher from the Department of Education is welcome in all hospitals. This is not only the unanimous opinion of all teachers, but it is amply and freely supported by the testimony of the executive staffs. That portion of a visiting staff which by accident or by intent has become acquainted with the work of the teacher, approves of it, at least in so far as it tends to keep the children contented and the wards quiet. It is something more than mere tolerance or even acquiescence but stops short of any real understanding of the educational objectives.

In a general way hospital classes in New York City are found in three types of institutions: those receiving chiefly miscellaneous cases, those dealing for the most part with chronic diseases (cripples, cardiac, tuberculosis, etc.) and institutions which may be designated as convalescent homes. This distinction, while not entirely accurate, is of importance for it should determine the type of education which should be offered the children.

The miscellaneous type of hospital service treats in general acute illnesses or, if the disease is a chronic one, the hospital treatment occurs during an acute phase of a chronic illness or during the time when a diagnosis is being made. Chronically ill patients may also be in a period of active treatment as, for example, a corrective operation. With few exceptions the important thing while the child is receiving such treatment in this type of hospital is entertainment. Occasionally in a large hospital providing this type of service it is possible to bring together a suitable group of such children for instruction over a relatively long period of time.

The institutional homes, on the other hand, are, almost without exception, occupied by children who remain for long periods and who should be educated. They represent hospitals which are suitable for hospital classes. It should be pointed out, however, that in this group are some types of convalescent homes which keep their children from two to four weeks only. For this last group rest, controlled out-of-door exposure, regulated gymnastics and diet are more important than school instruction. The probabilities are that such hospital classes are an expensive form of supplementary therapy.

The group of hospitals and convalescent homes receiving chronic cases for prolonged care are almost all suitable for a hospital class. Even in these institutions there is much confusion and the teacher is too often used as an entertainer rather than as an educational force.

The question arises as to what the objectives of the Department of Education should be. This Committee without exception feels that these objectives should be educational and not entertainment; and that while the educational objectives may be in part to determine a child's mental qualifications and his talents they are not primarily vocational; and that while the educational objectives may aid in forming a definite opinion as to the general line that a child's life endeavor should take the children can not be prepared by hospital class intruction to undertake a technical education. However desirable from a therapeutic standpoint recreation and entertainment may be for the ill and for the convalescent, it belongs within the sphere of hospital endeavor and does not in any manner form a part of what should be expected of the Department of Education. There has been little consideration of this in the past, but boundaries must be drawn if the forces of education are not to be dissipated into vague generalities. The Hospitals and the Board of Education perform important functions and they should cooperate in establishing an educational program.

Coordination between the educational and the medical group was reported to be by means of personal conferences with:

Medical staff	in 20	classes
Nursing staff	in 12	"
Free discussion	in 11	"
Superintendent	in 4	"
General conferences	in 4	"
Cards or "slips"	in 5	"
Rule (general) for attending class	in 1	"
Own initiative	in 1	"
Unreported	29½	"
Total:	87½	

The house medical staff (Intern or Resident) is undoubtedly consulted more often than is indicated here, at least to the extent of finding out which children on the service are suitable for instruction. Many of the visiting staffs, however, have no personal acquaintance with the teacher and no knowledge of the work beyond the vague notion that a teacher is assigned to the hospital by the Board of Education and that if teachers are to be retained by the institution enough children must be found to maintain a suitable class register.

In certain institutions for the chronically ill a patient is accepted originally only after a complete examination has been made and in general he belongs in a certain classification in so far as the degree of his handicap is concerned. Such a child may take his place in a class room and be assigned to his regular grade and be carried forward as in regular school. Medical supervision is often at a minimum in such institutions and can properly be made almost routine. After the original admitting card is made out there is often not much further activity for the doctor except for purposes of reappraisal of the case or caring for intercurrent acute illnesses. Having set the machine in motion his main duty is to see that the physical progress of the child proceeds satisfactorily. As a matter of record it is in these institutions that the visiting medical staff is apt to be most interested in the educational or group discussions of the problems of the classes. It is in such institutions that the medical and educational facilities are best integrated because children are under care for prolonged periods.

In those hospitals receiving miscellaneous acute cases and in which the stay of the patient in the hospital rarely averages for school purposes more than one month, the teacher's real efforts at education can hardly be considered productive and her activities are little noticed, provided she keeps the children contented and reasonably happy. In many active hospital services under the direction of pediatricians there are a sufficient number of children who can profitably receive instruction. The real work and goal of the teacher is not made familiar to any member

of the medical staff, above an intern or resident. It is true that this is a fault which lies partially at the door of the medical profession. The doctor in his unawareness of an important facility within the hospital has missed an opportunity to render a real service to many children. At the least, his interest might be stimulated and he could be led to a better understanding of the possibilities of the services which have been made available. Exchange of opinions and information between the medical and educational groups was reported by 48 teachers to have been by means of conferences, individual consultations, frequent informal contacts, occasional special meetings and group discussions. There was reported to be little or no contact or discussions in 14 classes. This is a pitiful showing in which only 48 teachers reported any attempt at coordinating medical and educational objectives. Neither the teacher nor the physician has a real idea of what the other is attempting to accomplish. The child's mental processes can not be divorced from his physical well being. Medicine at its best attempts to coordinate all efforts to produce recovery and to accomplish this tries to utilize whatever facilities exist to obtain the most beneficial results. Anyone who has had experience with the chronically ill child is repeatedly impressed by the seeming sharpening of the intellect and the curiosity to venture into new fields of speculation, and the happiness resulting from accomplishment as it is observed in these children. Advantageous physical and mental results can be best obtained when the physician advises the teacher of a child's physical capabilities.

Teachers made the following list of suggestions for the improvement of the educational program in hospitals:

That the number of pupils in a class be limited to 15	1 teacher
That instruction be given daily	1 "
That there be easier and quicker mechanism for official references and registration	1 "
That the mentally unfit be eliminated from classes	1 "
That supplies be more easily obtainable	1 "
That no improvement is possible in the classes	25 teachers

That conferences be available (teachers, medical group and executive officers) ..... 5 teachers
That additional teachers are needed ..... 3 "
That there is no need for an elaborate educational program in a hospital for acute cases ..... 1 "
There were 42 teachers satisfied with present methods.
Eight were mildly critical, complaining of lack of reference books, paper, pencils, desks, etc.

Perhaps the visiting doctor out of his own conviction read into the mind of one teacher the thought that there is no need for an elaborate educational program in a hospital for acute cases. Certainly the teachers' suggestions regarding this particular question were meager in constructive thought, and for the most part any criticism that was offered seemed to be remediable by a mildly energetic foresight. After all, no organization can immediately have at hand all desirable material and many hospitals in the city do have libraries which can or could with urging supply reference books if they were requested sufficiently often. It was a matter of surprise to find so many teachers (25) believing that the present system was as nearly perfect as possible. After all it does not seem probable that the millenium has arrived even in a single division of the Department of Education. Yet no constructive suggestions were offered, at least vocally, for improving the educational program in the hospital classes.

III

THE EDUCATIONAL STUDY

The Educational Study

The educators who were members of the Committee together with other educators who assisted the Committee, visited and reported upon the work being done in fifty-two classes in thirty-two of the hospitals and convalescent homes to which the Board of Education has assigned teachers. Uniform report forms were employed but a majority of these were accompanied by supplementary reports giving the general appraisal of the work observed. The general aspects of the program were also discussed with four of the principals and assistants to principals responsible for the supervision of the work.

Administrative Organization

The Board of Education furnishes teachers for 183 classes which are composed of New York City children who are in hospitals, convalescent homes and other private institutions both within and outside of the City. These classes are grouped into "school organizations" and are under the pedagogical supervision of especially assigned administrative officers to whom are assigned varying numbers of classes. In July, 1939, the Division of Physically Handicapped Children reported nine such organizations as follows:

TABLE VII

Special School Organizations

Public School No.	No. of Classes	Supervisor's Title
401 Manhattan	26	Principal
402 Manhattan	16	Ass't to Prin. in Charge
403 Manhattan	28	"
404 Manhattan	19	"
405 Manhattan	21	"
406 Manhattan	19	"
401 Bronx	17	"
401 Brooklyn	21	"
401 Queens	16	"
Total	183	

The clerical staff consists of 9 teacher clerks.

The Division of Physically Handicapped Children reported to the Committee that 87½ percent of the 183 classes in these "400" schools were for physically handicapped children in 47 institutions. Thirty of these are hospitals, fifteen are convalescent homes and one is an institute devoted to medical research (Rockefeller Institute Hospital).* They are located both within the City of New York and in neighboring communities.

With the exception of Sea View Hospital at New Dorp, Staten Island, in which classes for tuberculous children are maintained, all of the classes are under the so called "400" school organizations. Classes at Sea View Hospital are annexed to Public School 30 Richmond.

There are one principal and eight assistants to principal in charge who have the educational supervision of the nine "400" school organizations. The supervisory responsibility of these officers is limited to the direction and supervision of the activities of the teachers of the classes assigned to them. They have no control over the building facilities nor of the children except during the periods in which they are directly under instruction. The institutions in which the children are residing have the administrative control over them. Therefore, in effect, the activities of the principal and the assistants to principal in charge are confined largely to purely pedagogical supervision.**

"Four Hundred" school classes which are located within the City of New York are subject to the supervision of the assistant superintendent in whose district they are located. All "400" classes are under the administrative authority of the Division of Physically Handicapped Children.

Building Provisions for School Instruction

There was found to be a wide variation among the hospitals in the facilities provided for instructional purposes. Some of them

* This classification differs from the Committee's classification approved on pages 5, 6 and 7.

** This principal has no authority over the assistant principals who are in charge of the other "400" schools.

have provided and equipped special classrooms for this purpose; others have made no provisions whatsoever. Institutions specializing in the care of chronic cases have in the main given more attention to instructional facilities than those who handle acute cases primarily, as is to be expected.

The convalescent homes have all provided some type of classroom facilities but these vary from those which are satisfactory in all respects to those which are not only unsatisfactory, but were found to be ill kept and unclean. The following extracts taken from reports of visitors illustrate the extremes:

> "The classroom was a particularly pleasant room, well lighted, cheerful and equipped with modern movable furniture. The seats were individually adjusted. Cleanliness and orderliness of the school room contributed to a pleasant wholesome atmosphere."

> "The grounds and frame buildings presented a shabby appearance. On the porch alongside the entrance stood a rusty old bed with a filthy mattress upon it. The impression of neglect was further borne out by the dusty corridors. The children's wards where instruction was observed were dingy. The blankets on the beds were evidently in need of laundering. The classrooms presented a drab appearance with the light obscured by a porch and a piano placed in front of a window. Modern movable furniture was provided but appeared poorly adjusted to the pupils. One received the impression of disorderliness and uncleanliness."

The Committee is of the opinion that the Department of Education should require that suitable classrooms be provided by institutions desiring teachers assigned to them and that such rooms be suitably equipped and maintained.

Teaching Supplies and Equipment

Textbooks and supplies for teaching the bare essentials of education were found to be ample. Supplies beyond this were in most institutions entirely inadequate. Those teachers who wished

to go much beyond the skeletonized curriculum covering few subjects beyond the 3 R's were decidedly handicapped because materials were scanty or entirely lacking. Some teachers were reported to be purchasing additional supplies from their personal funds. In other cases parents were requested to purchase some of the supplies. While teachers reported that they were permitted to requisition special supplies, from two to eight months were required to secure them. Orders were frequently filled piecemeal so that materials ordered for seasonable activities are often received too late to be used.

Library and Other Supplementary Facilities

Some institutions were found to possess adequate libraries suitable for the children under their care. In others this was not the case, the institutions relying upon the Board of Education for all supplies. Some institutions made use of the public libraries and secured visual aids and supplementary teaching material from a variety of sources. In general, however, supplementary reading and teaching materials were inadequate. The Committee is of the opinion that there could be a much better utilization of the resources of the school system and of the community. Museum exhibits, motion pictures and slides were regularly used by a few teachers. It is obvious that much of the experience of these children who are limited in their activities for long periods of time must be gained vicariously. Here more than in the regular schools there is a need for bringing to the child the experiences which normal children receive.

Diagnostic Educational Procedures

Group diagnostic and achievement tests are reported as being used by a few teachers, but for the most part the examination was limited to determining the grade placement of the children in their care and to continuing their instruction from the point in the curriculum that they had reached when they left their classes. School records were reported as having been kept by many teachers but nearly all confessed that the information contained in these records was meager; and that, while these records

in some instances reported in intelligence and achievement test, there is no evidence that they had any great significance to the teacher and furthermore there is no proof that they were practically used in planning the instruction.

As many of the hospitals in which classes are maintained have on their staff psychologists, psychiatrists and social workers of more than common ability in their special field, this lack of utilization of this source of aid by educational authorities appears to be an oversight which only with great kindness may be labeled as a lack of imagination. While these facilities have been used to a limited extent in some institutions for a thorough study of the children to determine their interests, abilities, home conditions and probable fields in which they could achieve the greatest happiness and usefulness, this has generally and perhaps has always been the result of an outside interest and has apparently never originated within the Department of Education.

The Teaching Program

(a) Hospitals to which the Board of Education has assigned teachers may be roughly classified into two groups, those whose cases are primarily acute and those whose cases are primarily chronic.

In the acute cases the educational problem differs from that for chronic cases which require long periods of hospitalization. It is the opinion of this Committee that instructional service should not be provided for children who will not be able to receive it for a month or more for periods of at least one hour daily. In a majority of the hospitals whose cases were acute the teaching almost wholly was given individually at the bedside. In a few isolated instances instruction was given to small groups of children whose beds were wheeled together. This procedure would appear to be more economical as well as more productive. In some hospitals it would be feasible to bring most of the children together into one or more locations where adequate teaching equipment and supplies could be assembled.

In hospitals serving chronic cases primarily the teaching program appeared to be more purposeful. The recreational aspects of the teaching observed in the acute patient wards was less evident and there was a definite attempt to enable the child to keep up to his grade in the basic subjects.

(b) Children in convalescent homes are primarily chronic cases. A majority of them are able to attend classes for instruction. The teaching problem in convalescent homes, therefore, differs from that in hospitals where more teaching must be done at the bedside. Most of the instruction in both hospitals and convalescent homes is confined to the elementary school grades. This Committee believes that instruction should be extended to the secondary school subjects.

(c) The use of the "modified Dalton Plan" was reported by all teachers in hospitals and convalescent homes. This consists of a series of "contracts" or problems or assignments covering the essentials of the basic curriculum of the school system. All teachers reported their main objective to be to keep the children up to the standard of their regular grades. When children are well enough to resume instruction, their grade status is determined from the schools which they attended and they are assigned contracts of work from this point on. They progress at their own rate of speed and as one assignment is completed another is undertaken. Some teachers reported that their children were permitted to undertake two full years of work in one year.

This individualized plan of instruction covering the essentials of the basic subjects has some definite advantages for teaching pupils who have missed part of their regular school work and who are unable to assume regular or continuous class work.

In hospital and convalescent home classes pupils are admitted and discharged throughout the year. They have been out of their regular classes for varying lengths of time and are at all stages of progress in their school work. They are of varying degrees of scholastic ability and their physical capacities to

carry on their studies also vary. Many of them must interrupt their school work for successive periods of medical or surgical treatment. It is, therefore, necessary to use an individualized plan of instruction. The present plan seems well adapted to meet its objectives. This Committee believes, however, that the Department of Education has gone to the extreme in reducing its educational program to the bare essentials and in the elimination of most of the enriching features of the curriculum. The visitors to these classes were in general agreement that on the whole the children were industrious but somewhat aimless; they were doing routine assignments without discussions, they were memorizing facts from books and following directions. Most of the teachers were sympathetic and had a genuine interest in their children and in so far as the prescribed work of the basic curriculum is concerned they are doing splendid work under great difficulties.

The weakness in the program lies in the policy of the Division which lays the primary emphasis upon achievement in the three R's. While it might not be practicable to undertake the teaching of the full curriculum to children suffering from acute illnesses whose period of confinement will be short, there is certainly no excuse for not teaching it in institutions where children are confined for years. Even though physical activities may have to be curtailed there can be little justification for the scant attention given to music, art, crafts, current affairs, and children's literature. There should be more use of simple raw materials such as construction paper, crayons, plasticine, yarn and paint.

There should be more opportunites to read, hear, and participate in current stories, problems and everyday affairs. Some teachers were visited whose initiative has led them to undertake studies of their pupils' interests, abilities, and capacities and to plan individualized programs that are very commendable but there was little evidence, by and large, that any attempt was made to individualize the contents of the curriculum. The same basic curriculum was given to all children to the degree that they could absorb it. No differentiation was discernable between the ultimate objectives for the child who would completely regain normal

body functions and the one who would remain a hopeless cripple; nor was any attention given to the effects, occupationally or otherwise, of the different types of disabilities. One of the larger hospitals specializing in the care of chronic cases reports that it spends from three to eight thousand dollars on each child in order to rehabilitate him physically. This requires hospitalization for from one to twelve years, the average being three years, during most of which time the children are under instruction. During this period little is done to enable these children to prepare themselves for occupations for which they are adapted.

This Committee feels that a significant opportunity has been missed. The short term hospital could easily be especially useful in the classification of children in terms of their probable future handicap. Children in acute and semi-acute hospitals almost naturally fall into three groups:

I. Short term illness—Duration less than six months—Educationally the children need some tutoring in the two or three weeks preceding re-entry into their classes—during the fore part of the period that they are in the hospital they should be helped to pass the time pleasantly.

II. Long term illness—Duration six months or more—The recovery will be complete so far as ability to take their place in society is concerned—Educationally it is important that they be kept in their age group in school.

III. Long term illness with a permanent handicap—It is important to determine as accurately as possible the probable amount of residual handicap—These children are so placed early in their illness that a thorough study can be made of their assets both physical and mental in their relation to the educational program to be planned for them. It could be accomplished with little or no additional cost.

Handicapped children are not at the beginning greatly different from other children and their problem as with all children is

that of developing the right kind of personality and the ability to make a living. In the long view, their problem, because they are handicapped, is more important than the average and it is even more necessary that the correct solution be found as to what they are ultimately going to be capable of doing. In one sense the problem is easier to solve for because of their handicap their interests are narrowed and with fewer diversions the things they can do are done with greater enthusiasm and frequently with more persistence.

This Committee feels that a great opportunity is being wasted not only to adjust the children with permanent disabilities, but also those who will have no permanent handicap, by the failure to utilize existing services in hospitals. Nowhere in the educational system is there a parallel chance to study individual differences, interests and capacities—nor is there a more favorable time to make such studies than when children are confined in institutions and limited in their normal activities.

There must be a proper selection of children as regards time and illness for such studies but many of them could be permanently benefited by the correct educational diagnosis at the right age. Reappraisals would be feasible in a large proportion of the chronic cases.

Vocational Training

The most extensive attempt at vocational training for handicapped children was found at the Institute for Crippled and Disabled. The training in commercial subjects is given by a teacher assigned by the Board of Education. This consists of business English, spelling, typewriting, shorthand, and bookkeeping, all of which are taught in one room by one teacher. Frequently several subjects are carried on similtaneously. The mechanical equipment consists of four typewriters of ancient model. Under such conditions it is not surprising to this Committee that the graduates encounter difficulty in securing positions.

Pupil Records

In two of the previously published reports of the Committee for the Study of the Care and Education of Physically Handicapped Children, the records maintained in the office of the Assistant Director in Charge of the Division of Physically Handicapped Children have been discussed. The records in the central office of children in two classes in convalescent homes were studied and found to have the same general deficiencies as have been previously reported.

Specifically:

(a) Review of the records for one of the classes showed that the medical record cards for the "Open Air Classes" and for the classes for the tuberculous were used indiscriminately for children in these classes. The cards were of little use as a medical record of these children, as they were seldom completely filled out; the middle half of the face of the cards was practically never used. The records of another class were found to be similar in this regard. It was noted that several cardiac children were included among the cases. Most such cases which were transferred out went to cardiac classes in the regular schools without any specific recommendation on the part of the physician at the institution.

Pupil records are also kept in the offices of the principal and assistants to principal in charge for the children in the classes under their jurisdiction. These are kept by the clerks assigned to these offices and include:

(a) Pupil Cumulative Record Cards.

(b) Reports of admission to and discharge from the classes issued by the Assistant Director in Charge of the Division of Physically Handicapped Children.

(c) Certain statistical information regarding the classes.

The information contained upon these records corresponds to that customarily found in the schools.

IV
HOSPITAL CLASSES IN THE UNITED STATES

Hospital Classes in the United States

An analysis of 72 reports received from hospitals throughout the country indicates the procedures followed by the various hospital classes.

In a majority of instances the control of school work in hospitals throughout the country is under the direct supervision of the local school authorities. In several instances a partial control arrangement by the school board, such as supply of personnel and material, or consultation, exists and in 11 cases no connection with the local school board appears at all.

The distribution by diagnosis of children taught by the hospitals is shown in the following table:

TABLE VIII

Distribution by Diagnosis of Children Taught in Hospitals

Conditions Treated	Number of Hospitals
All types of diseases	32
Tuberculosis only	20
Orthopedic only	12
Cardiac	4
All types of disease except Tuberculosis	2
Orthopedic & Tuberculosis	1
Epileptics	1
Total	72

TABLE IX

Objectives of Educational Programs in Hospitals

Objective	No. of Hospitals	Per cent
To keep children up to grade	39	59
Entirely a therapeutic measure	11	17
Both the above	16	24
Not stated	6	—
Total Answers	72	100

There did not appear to be any criteria regarding the selection as is apparent from the following table:

TABLE X

Teaching Emphasis with Regard to Length of Stay in the Institution

Emphasis	Number of Hospitals
No differentiation	39
Emphasis on Long Term Patients	15
Emphasis on Short Term Patients	1
No emphasis but a difference recognized	1
Not stated	16
Total	72

TABLE XI

Minimum Expected Duration of Stay Considered Advisable for Purpose of Instruction

Duration of Stay	Number of Hospitals
Under one month	25
0*	9
1 week	7
2 weeks	6
3 weeks	3
1 month	9
2 months	3
3 months	3
5 months	2
6 months	3
1 year	2
Total	72

* Indicates advisability of starting teaching at once regardless of expected length of stay in the institution.

Much confusion apparently exists regarding the minimum expected duration of stay advisable before beginning instruction in hospitals. This is suggested by the opinion tabulated in Table XI. The results regarding the long term duration of stay are of course affected by reports from those hospitals which accept only long-term patients. It was not possible to determine the average duration and instructions in hospital classes either for the children as a group, or for those within the diagnostic categories. There was almost unanimous agreement that a physical examination was necessary to determine the advisability of instruction. Fifty-eight of the 61 hospitals which reported stated this to be a prerequisite. The bed capacity of a comparatively large number of hospitals reporting was so small that specific recommendations for teaching appeared to be an unnecessary feature of planning for the child. In those hospitals where recommendations were made, the physician was usually responsible for instruction. An important lack in generalized procedures is reflected in the comparatively large number of hospitals which reported that no exchange of information between the Hospital and the Hospital School takes place.

V

REPORT OF TEACHERS OF CLASSES IN HOSPITALS AND INSTITUTIONS

Report of Teachers of Classes in Hospitals and Institutions

The Committee sent questionnaires to all of the teachers of physically handicapped children in hospitals and convalescent homes in New York City and vicinity. The total number of questionnaires returned was 77. These 77 questionnaires have been divided into two groups of 53 teachers in hospitals and 24 teachers in other institutions. The information summarized as follows:

Summary of Reports from Teachers of Classes in Hospitals

Of a total of 53 teachers 45 hold License No. 1 which is designed for teachers of the regular elementary grades; 11 teachers state that they have licenses to teach open air classes; 2 have a Hospital Class Teacher's License; 5 have Cardiac Class Licenses; 32 are licensed to teach crippled children; 1 reports a license in Industrial Art; 16 of the teachers have substitute licenses; 8 hold the Upper Elementary School License; and 2 the Kindergarten License.

One important aspect of teacher's licenses is the date on which these licenses were acquired. Two of those who hold License No. 1 acquired their license prior to 1900; 8 from 1900 to 1910; 14 from 1911 to 1920; 10 from 1921 to 1930; and only 2 subsequent to 1930. Of those licenses pertaining specifically to the teaching of the physically handicapped, 2 were acquired between 1900 and 1910; 7 from 1911 to 1920; 26 from 1921 to 1930; and 6 from 1931 to 1940.

Subsequent to the time that these teachers have been licensed in general education, and for the education of the handicapped, there have been many changes in both areas. The extent to which these teachers have kept abreast of modern trends could not be determined from the data returned.

Age and Grade Range of Pupils

The average age span of the children taught by teachers in hospitals is 8 years. One teacher reports a span of 4 years; 4 teachers, of 5 years; 8, 6 years; 7, 7 years; 8, 8 years; 9, 9 years; 11 report 10 years; 2, 11 years; 2, 12 years; 1, 13 years.

The grade range showed an average of 11½ half-year grades per teacher, the greater proportion of teachers teaching children in the 1-A as well as 7th, 8th and 9th years. Only 3 teachers reported a grade range of 4 half-year grades or less. One or two teachers reported teaching high school subjects but most of the work was done on the elementary school level, only 8 teachers reporting 9th year work.

The significance of this is quite important. The primary aim of instruction is to keep children up to grade level. This means that these teachers must be very well acquainted with the minutiae of the courses of study in the basic subjects for more than six full year grades on the average. To master all this subject matter so as to make an adequate presentation is no small job in itself, but to give individual instruction on all of these levels is an impossible task.

The following procedures were mentioned on the questionnaire by the teachers as being in use:

(1) School work and physical exercise are prescribed by doctor.
(2) Temperatures taken and inspection made every morning.
(3) Work sheets are sent to bed patients and the nurse assists the teacher.
(4) A modified Dalton program is used.
(5) The rate of progress is kept extremely flexible and adapted to the physical condition of the child.
(6) Case history books are kept to show the medical and educational progress of the child.
(7) Several reported consultation with the doctor as to the medical progress of the child.

Supplies

The teachers reported that practically all their supplies were available from Board of Education sources. These included text books, note books, work supplies, physical training equipment, industrial art supplies, and many other similar items too numerous to mention.

The length of time required to receive supplies seemed to vary from two weeks to a full term. In general, the majority stated that it takes from three to six months. Very few reported less than a month as being required to get supplies. Every teacher reported "Yes" to the question, "Are supplies available when needed?" When one considers the results of the question preceding this, it seems rather odd that they felt that supplies were always available. One is, therefore, led to question the validity of these replies to the question.

Supervision of the Program

Under the question "Who supervises your work?", most of the teachers included everyone who was in any way administratively responsible for the classes. These usually included the Associate Superintendent in Charge of the Education of the Handicapped, the Assistant Superintendent of the school district, the Assistant Director in charge of the Division of Physically Handicapped Children, the Inspector of Industrial and Placement Work, and the principal or assistant to the principal in charge of the "400" schools of which these classes are a part.

A tabulation of the replies to the above question showed that all teachers received supervision by the "400" school principal, 27 by the Inspector of Industrial and Placement Work or one of the assistants, 22 reported visits by the Assistant Director in Charge of the Division, and 5 reported visits by the Assistant Superintendent in Charge of the District. No teacher mentioned supervision by any member of the hospital staff.

The length of visits seemed to vary. Five reported 15 minute visits; 1 a 30 minute visit; 1 a 45 minute visit; 12 an hour visit; 8, 2 hour visits; 6, 3 hour visits; 17, an all-day visit. The frequency of visits was on an average of once a week. It is to be expected that there would be some variation in the length of visits and the frequency, depending upon the level of efficiency of the teacher. The supervision was reported to consist primarily of observation of the teaching process, inspection of written work and examination of the records, term plans, and the teacher's daily plan book, and a discussion of the teacher's problems.

Allotment of Teacher's Time, Type and Amount of Instruction

From an analysis of how the teachers spend their time in the hospital program, it was found that 55% of the time was spent in bedside instruction; 30% in class instruction; 13% on individual instruction which is not bedside and 2% in supervising rest periods. Of the children under instruction in hospitals at the time of the study, 54% were found to be confined chiefly to bed, 43% to be ambulatory and 3% to have no confining disability.

The amount of instruction per day for children in hospitals varied. Thirty-six per cent received 15 minutes of instruction per day; 1% received 30 minutes of instruction; 4%, 1 hour; 8%, 2 hours; 11%, 3 hours; 24%, 4 hours and 16%, 5 hours.

Summary of Reports from Teachers of Classes in Convalescent Homes

Licenses

Eighteen of the 24 teachers* in convalescent homes hold License No. 1, 8 have licenses to teach open air and tuberculosis classes, 6 to teach cardiac classes and 7 to teach crippled classes. In

* A teacher often holds more than one license. This accounts for the number of licenses discussed in this paragraph as being held by 24 teachers.

addition to these licenses 3 hold an upper elementary school license, 2 have a kindergarten license, 1 a physical training license and 2 hold a substitute license. Of those holding License No. 1, 6 were acquired from 1900 to 1920, 9 from 1921 to 1930 and none subsequent to 1930. Of the licenses to teach physically handicapped 1 was received from 1911 to 1920, 9 from 1921 to 1930 and 6 from 1931 to 1940.

Age and Grade Span

There was not found quite as large an age span in classes in convalescent homes as was found in the hospital classes. Seven teachers in convalescent homes reported an age span of 4 years, three of 5 years; two of 6 years; five of 7 years; one of 8 years; one of 9 years; three of 10 years and two of 11 years. The average age span in classes in hospitals providing miscellaneous care was between 6 and 7 years. The average age span in classes in hospitals providing chronic care was slightly less than 9 half-year grades. Eight of the 24 teachers had more than 10 grades and 5 had 4 or less. The grade span was slightly less in convalescent homes than in other hospital classes but still was great enough to present a serious problem.

Procedures for Coordinating Educational and Medical Services

The procedures in convalescent homes are practically identical with those in hospitals, the chief difference being the separation of children into two groups by means of placing a green badge on the arms of the children whose inspection showed them capable of regular work and a red badge for those who required a modified program.

Supplies

The supplies the teachers received in convalescent homes were exactly the same as those listed in hospitals. The length of time required to receive them was reported to be slightly longer. Seven teachers stated it took a year or longer to get their supplies; 6 said it took 6 months; 4 said "when needed," 5 "immediately" and 2 teachers gave no answer.

To the question "Are your supplies available when needed?" 18 said "yes" and 6 said "no."

Supervision

All teachers reported supervision by their principal. Nineteen were supervised by the Inspector of Industrial and Placement Work or by the assistants; 5 by the Assistant Director in Charge of the Division; 2 by the Assistant Superintendent and 1 teacher reported supervision by a physician.

The length of visits varied; 3 teachers reported 30 minute visits; 8 teachers, 1 hour visits; 8 teachers, 2 hours and 5 teachers, 3 hours. The procedures in the supervisory visits were reported to be the same as those stated by teachers in hospitals.

Allotment of Teacher's Time, Type and Amount of Instruction

Eighty-five per cent of all the teacher's time in convalescent homes was spent in class instruction; 4% was bedside instruction; 5% individual but not bedside; 4% supervising rest periods; and 2% in miscellaneous activities such as health education and milk periods.

Children in institutions for the chronically ill received longer periods of instruction per day than the children in hospitals. Only 1% of the children received less than 4 hours instruction; 33% received 4 hours and 66% received a full 5 hours of instruction.

Extent of Disability

Seventy per cent of all cases in convalescent homes were reported to be ambulatory; 5% were confined to their beds, and 25% had no confining disability.

VI

DISCUSSION

Discussion

Physical Facilities

The physical facilities provided for teaching on the whole appear to be adequate. In a few places where the educational program occupies a really important part in the scheme of the hospital, the school room is attractive, taking on many of the characteristics of the regular public schools. In the more acute type of hospital service, where there is a rapid turn-over of children, the teacher usually has no less than an office, and frequently a room for teaching is placed at her disposal for at least a part of the day. In old buildings and even in some new buildings the school is of necessity a makeshift. Consequently the door may be too narrow or not very conveniently located, the furniture is often old and out-dated and the lighting may not be adequate or proper. Nearly all these defects are of a temporary nature and can be readily corrected. The Department of Education should appraise the equipment of all hospital schools and insist that a beginning be made toward what is needed. In these days of standards they might well establish minimum standards for a hospital school. It is probable that in most hospitals the demands of the Department of Education can be met.

Supplies

Generally speaking, adequate standard supplies are furnished, although slowly. Requisitions are not immediately filled and must be made out with a comparatively long time period in mind. Special supplies are very difficult to obtain. It is noticed however that aggressive individuals who know exactly what they want usually can obtain required supplies.

It should be recognized frankly that the hospital schools are more or less present in hospitals on sufferance. Their position is a peculiar one. Most hospitals want such a school but it is rare indeed that they will spend any money for it. Having persuaded the Board of Education to assign them a teacher, they

frequently, for the most part, forget her except at public meetings where they are publicizing their accomplishments. These remarks, of course, are not applicable to all hospitals and especially those that receive long-term patients. They do apply, however, to most hospitals rendering acute services. The hospital school should develop an honest pride in its personnel and should demand recognition commensurate with its importance. If a school is not accorded its proper recognition the advisability of its continuation should receive consideration by the Board of Education.

In considering which institutions should be granted the privilege of hospital schools it is necessary to consider the problems of the acute and the chronic hospitals. The problem is usually not considered or is perhaps concealed or disregarded. There can be no question but that hospitals treating chronic cases should have an accepted place in the school system, though they probably differ from the average public school in the fact that all grades are taught in one room thus partaking of the nature of the old country school. In hospitals rendering acute service the story is somewhat different, for here the teaching is largely bedside and the child is under the direction of a teacher only for a comparatively brief length of time. The associated objections to classes in acute-service hospitals may be summarized as follows:

1. Interruptions are constant and recurring, (treatments, examinations, etc.)
2. Too much lost time—
   Traveling from ward to ward and bed to bed by the teacher, using up sometimes, nearly half the day in travel about the larger hospitals.
3. Visitors—
   Medical staff inspection, families, etc.
4. Enormous variation in subjects taught.
5. Teacher assignment to two different hospitals resulting in loss of time.

At this point it would be proper to make a further division be-

tween hospital treatment of recoverable chronic cases temporarily on the acute service (mostly orthopedic) and treatment on the acute services for acute illnesses in both of which instances the teaching may be all, or nearly all, bedside. In the acute service for acute illnesses the probable stay in a hospital in most instances will not exceed a month, making school instruction of little value. The chronic case may stay in a hospital for several months in which case the child may be in suitable physical condition to profit from a month or more of instruction. This distinction is of importance, for in the opinion of this Committee, it does not seem advisable as a general rule to enter a child upon instruction for an expected period of less than a month, during which time instruction should be given for approximately one hour or more per day. The educational value is minimum when the serious instruction is less than a month and the main accomplishment is to help the child pass the time pleasantly while he is sick.

There seems to be a considerable amount of investigation made at the time a hospital class is established—the type of institution, the number of available children, the classification of their diseases and the hospital records are all studied. The recommendation passes through numerous hands, so that there are many check ups on the need before the class is started. This is praiseworthy and no good citizen can find fault with the various steps taken nor can much blame be attached to the Department of Education whichever way the decision falls. However, there is no obvious means of reappraisal or if there is one it is completely perfunctory and routine. Hospital services do change with a changing medical staff, policies are modified for many reasons through the years and even the type of care is not the same through the decades either because of revolutions in treatment or changing population. All in all there should be a serious effort made to appraise the hospital classes yearly and as the class usefulness falls off and finally drops below a certain level it should either be discontinued or its purpose changed. The opposite is also true for a need may develop with the passage of time and this type of expansion and growth should be met by the Department.

There can be no question but that all hospital executives and all members of the medical staff like the idea of having teachers assigned to their institutions, particularly if they do not interfere with the accepted routine of the wards. In an analysis of this problem one is again forced to consider the distinction between the chronic and acute service hospitals.

Certainly any child that is physically able to profit from teaching for a month or more should be taught. It might be added that the physically handicapped child of normal intelligence needs the advantages of such instruction even more than does the ordinary child. If advantages of a therapeutic nature result from instruction in hospital classes, they come as a by-product and are desirable.

In classes on acute services with its padded class rolls and variety of illnesses, the teacher is frankly useful as a therapeutic agent. Many children are kept happily busy and the wards are consequently less noisy. This is an important accomplishment but it is not a function of the Department of Education. The hospital should provide its own supplementary facilities for the treatment of the sick. There are a number of hospital classes in acute and mixed hospital services which are difficult to justify on purely educational grounds. The Committee believes that there is considerable therapeutic value in the short periods of time at present being given to children by teachers in the acute hospitals, but it wishes to make a distinction between education per se, from which a child may be expected to make definite school progress, and recreational therapy. Recreational therapy is not, in the opinion of this Committee, a proper function of the Department of Education. Such therapy should be provided for by the hospitals, as indeed it is to a limited extent at present, and should be carried out by persons trained in this field.

If a child is on the acute service and is acutely ill for most of his stay in the hospital, he probably should not receive instruction. The loss of valuable time during this relatively short period of hospitalization is educationally negligible. If the illness is expected to be longer than one or two months, the Department of Education should have an appraisal of his handicap and physical

ability to receive instruction, and some indication of the child's ultimate progress. The educational program should perhaps be different for the curable child as contrasted with the chronically disabled child. If the child is expected to be able later to take his regular place in society it then becomes a matter of keeping him up to grade and graduating him from school at the regular time. The chronically disabled, in addition to maintaining grade standard, have to face the future problems resulting from a permanent handicap. This is an important fact which receives too little attention in the educational system of today. It is of great importance to the handicapped individual. Every effort should be made to determine the mental level of these children, to find out their aptitudes and to discover special skills and talents. As they transfer from one hospital to another, there should be available for each of them a cumulative Record Card.

Such a record should cover through the years objective tests which should be presented in such a way that the score represents an approximation of the child's special abilities, his behavior characteristics, and suggestions for the solution of his individual problem. The acute service hospital should be able to cooperate with the Board of Education in the selection of those expected to be probably chronically ill and should set up Cumulative Record Cards to follow the child through the school years.

Much bedside teaching as opposed to classroom teaching in hospitals is the direct result of no one being willing or available to wheel the children to the school room, the inconvenience to the regular hospital staff, and difficulties of time adjustments. The children often welcome a change of scene and enjoy the ride in a wheel chair or on a stretcher and like to be brought together in a corner of the ward where they can associate with their contemporaries. Bedside teaching is not disapproved where it is necessary, but often the only thing that at present prevents many children entering a classroom in a hospital is his inability to walk there. Most children who cannot be moved from the ward to the classroom are not fit subjects for teaching, though occupational therapy, as differing from academic instruc-

tion, may be of importance in their general treatment, but this is properly a hospital activity and not an educational problem.

The teachers in the hospital schools are everywhere liked and are well spoken of by all who know them and who are acquainted with their work. Many of them are quiet and retiring and their activities are easily overlooked unless they are sought out. Obviously it is an event when teachers are invited into any meeting concerning hospital policies. It is believed that the average hospital class teacher is far above the general average of teachers in New York City in ability, in affectionate understanding of children, in sympathy for the sick and in a desire to do a good job. From the medical viewpoint it is necessary to acknowledge the character of their work. One is inclined to suspect that the lack of imagination and initiative that unquestionably characterizes the hospital classes in general is not to be laid at their doorstep.

The hospital classes for the most part are doing a routine job which falls far short of its possibilities. Many of the Hospitals have taken advantage of the Department of Education to have work done that is more properly within their own sphere of activity. This is satisfactory if what is being done is universally recognized and is acceptable but recreation and therapeutics should not be carried forward under the guise of education. The hospital classes are nowhere completely ineffective, owing to the quality of the teaching staff. With leadership and a sharper definition of desirable goals these classes are capable of expansion and of great usefulness to the State. They could in fact be a laboratory in which educational advance could be secured which would apply to every child in the public schools. Imagination, cooperation and a definition of the aims of education are the great needs of the hospital classes in New York City.

VII

RECOMMENDATIONS

Recommendations

THE COMMITTEE RECOMMENDS

1. That teachers be provided by the Board of Education in all hospitals and convalescent homes having sufficient children who will be physically able to receive instruction for a reasonable period of time prior to their discharge provided:

(a) that the institution can show that it continuously has sufficient children in need of and able to profit from such instruction, and

(b) that the institution provides suitable conditions for instruction

It is the judgment of the Committee:

(c) that where education is offered at all it should be a daily service for such periods of time (up to a full schoolday) as the condition of the child makes desirable;

(d) that instruction for daily periods of less than one hour covering a period shorter than one month is of doubtful value;

(e) that teachers should be provided for institutions having ten or more children and meeting the conditions from (a) to (d) above

2. That children be taught only upon the recommendation of a designated physician and that instruction be started immediately upon receipt of such recommendations

3. That adequate information concerning the physical condition and ability of the pupils and the educational implications of this information be provided for the teacher as an inherent part of the above recommendations and that this adequate information be entered on the school records

4. That as the primary purpose of the Department of Education is education, occupational and recreational therapy be discontinued; and that the beneficial effect of occupational and recreational therapy is recognized by the Board of Education and should be furnished to selected children in hospitals from other sources than said Department

5. That within the physical limitations of the child the educational program be made to conform in its general objectives and materials to the prevailing program in the public schools including provision for the enrichment features of a well-rounded educational program in so far as they can be provided

6. That bedside instruction be given only to children whose physical and mental condition in the opinion of the designated staff is such that it will be educationally profitable

7. That where instruction is provided in a hospital or institution it be extended to all children in need of it, irrespective of whether or not they are residents of New York City so far as is legally permissible

8. That wherever more than one teacher is teaching in an institution their assignments should be made wherever possible upon the basis of grade range for both class and bedside teaching to reduce the number of grades taught by individual teachers

9. That the Board of Education urges that the psychological services of the institutions where available be more generally utilized for the benefit of the children and teachers

10. That if bedside instruction is necessary such teaching be given to children in groups whenever practicable

11. That recommendations for the continuation of instruction at home or for a lightened school program in regular school or in special classes be made to the Department of Education by designated physicians for all children discharged from hospital or institutional classes by the designated staff physicians of the

institution, together with such other information as will facilitate their school adjustment

12. That when home instruction is required following hospitalization, arrangements be made for it prior to discharge from the hospital or institution; and that periodic medical examinations be made by the school physicians in order to eliminate cases which are really able to attend school

13. That pupils discharged from hospitals and institutions who are recommended for return to school be promptly re-admitted to school, or examined if necessary for admission to special classes

14. That chronic cases requiring long periods of hospitalization should be given high school training as their needs indicate.